



Diocese of Missouri  
THE EPISCOPAL CHURCH

# 172ND DIOCESAN CONVENTION REGISTRATION

DUE NOVEMBER 4, 2011

PLEASE PRINT LEGIBLY OR TYPE

- Registration fee is \$65 for clergy, lay delegates, and alternates, **which includes Friday reception and Saturday lunch.**
- **Guest registration is \$30 for the Friday reception and \$15 for lunch Saturday.** Check or money orders should be made payable to "The Diocese of Missouri." According to Diocesan Canon III.2, Sec. 4: "Parishes and Missions shall pay the reasonable expenses of their Clergy and Lay Delegates incurred in attending meetings of Convention."
- Completed registration forms to be returned via **mail** to the Diocesan Convention Registration, Offices of the Bishop, 1210 Locust St., St. Louis, MO 63103.
- Participants planning to stay overnight are responsible for their own hotel reservations, **to be made by October 19, 2011.** Please see enclosed information.
- Registration must be received by **November 4, 2011.**
- Nametags (distributed at the registration table) will be necessary to gain entry into gathering on Friday and lunch on Saturday.
- Last minute meal changes or requests *may* not be accepted. **Refunds for absent registrants will not be issued.**
- **All delegates will be required to sign in at registration both Friday and Saturday, in person. Thank you.**

TODAY'S DATE                      CONGREGATION NAME                      CONGREGATION CITY

NAME (AS IT SHOULD APPEAR ON THE NAMETAG):		EMAIL:	Clergy - \$65	Lay Delegate - \$65	Lay Alternate - \$65	Friday Reception - \$30	Guest Lunch - \$15	Vegetarian Meal? <small>YES OR NO</small>	FEE
(title, first name, last name, suffix)	(email address)								
(title, first name, last name, suffix)	(email address)								
(title, first name, last name, suffix)	(email address)								
(title, first name, last name, suffix)	(email address)								
(title, first name, last name, suffix)	(email address)								
(title, first name, last name, suffix)	(email address)								
(title, first name, last name, suffix)	(email address)								
(title, first name, last name, suffix)	(email address)								
(title, first name, last name, suffix)	(email address)								
<b>Total</b>									

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**NEED CHILDCARE? OVER...**



## FOR THOSE NEEDING CHILD CARE

(Please duplicate this form and complete one per family)

Parent's  
name: \_\_\_\_\_

Parent's phone number: \_\_\_\_\_

Child(ren)'s name(s): \_\_\_\_\_

Child(ren)'s age(s): \_\_\_\_\_

Please let the Convention childcare staff know if your child has any allergies.